

Integrated Awareness® Personal History Form

Name:	Date of Birth:
Address:	City/State/Zip
Home Phone:	Work Phone:
E-mail:	Occupation:

Referred by:

Because this is not a medical facility and Integrated Awareness is not a medical modality, neither diagnosing nor treating, we need information framed in a different context in order to assist you. Please answer the following questions as though speaking to an old friend not seen for a while:

1. What is your primary reason for coming here?

2. What else appears to you to be effecting/affected by your primary concern?

3. What else in your life do you want to change?

4. Are you currently under the care of any medical practitioner for this problem? (i.e. MD, DO, DC, PT, MFCC, etc.)
If so, whom?

5. What is your greatest responsibility? Challenge?

6. What is your life purpose?

Please read and sign the statement below:

I understand and accept that the hands-on and movement processes, the guidance into expanded perceptual states and the enhanced response capacities typically associated with Integrated Awareness learning experiences and not medical procedures. I further understand that IA® is a set of avocational and spiritual skills and both Lansing Barrett Gresham and all other IA Teachers do not intend to practice or operate within a medical model. I recognize that the changes and personal growth I encompass as a result of my studies here are initiated by me and are a result of the information and recognition mirrored back by these IA Teachers.

Signature	Date
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